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December 15, 2003

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To:

Attn: Examiner Z. Fay - Group Art Unit 1614

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Comments:

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Docket No: 31477-5

<u>PATENT</u>

CERTIFICATE OF FACSIMILE

I hereby certify that this paper is being transmitted via facsimile to Mail Stop AF; Commissioner for Patents; P.O. Box 1450; Alexandria, VA at facsimile number 703-308-4556 on

December 15, 2003.

IN THE UNITED STATES PATENT & TRADEMARK OFFICE

Applicant:

Johan Stjernschantz et al

Paper No.

Serial No.:

09/445,919

Group Art Unit: 1614

Filing Date:

March 16, 2000

Examiner: 2. Fay

For:

Prostaglandin Derivatives Devoid of Side-Effects for the Treatment of Glaucoma

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Request for Reconsideration Under 37 CFR 1.116 in the above identified application.

No additional fee is required,

[X] Also attached: Request for One Month Extension of Time; Notice of Appeal (fee previously paid)

The fee has been calculated as shown below:

*		TOTAL FEE DUE			\$110.00
		One Month Extension of Time			\$110.00
Independent Claims	4	4	0	x \$84 =	\$0
Total Claims	13	22	0	x \$18 ≔	\$0
	NO. OF CLAIMS	HIGHEST PREVIOUS PAID FOR	EXTRA CLAIMS	RATE	FEE

[] A check in the amount of \$0 is enclosed.

[] Please charge my Deposit Account No. ___ in the amount of \$0.

[X] Please charge the amount of \$110.00 to our Visa credit card account. Form PTO-2038 is attached.

[X] The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 04-1133, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted.

Registration No. 30,466

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Date: December 15, 2003

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